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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									App	Application or Docket Number		
APPLICATION AS FILED - PART I (Column 1) (Column 2) S								L ENTITY	OR		ER THAN '	1
FOR NUMBER FILED			D N	NUMBER EXTRA		RATE (\$) FEE (\$)		7	9075 (9)		4	
	\SIC FEE CFR 1.16(a), (b), o	(c))	NA		N/A ·	7 F	N/A	122 (3)	1	RATE (\$)	FEE (S)	4
SE	ARCH FEE CFR 1.16(k), (i), or (m))		N/A		N/A		NA	- 	┪			-
E	AMINATION FEE		N/A		N/A		N/A		4	N/A		4
TC	CFR 1.15(o), (p), or (q))							+	-	N/A		4
INI	CFR 1.16(i)) DEPENDENT CL	AIMS	minus	20 =		┨┞	X =	 	OR	× =		4
(37 CFR 1.16(h))				minus 3 = *		J: L¦	K =		4	x =		
APPLICATION SIZE sheets of paper, the application si is \$250 (\$125 for small entity) for additional 50 sheets or fraction the 35 U.S.C. 41(a)(1)(G) and 37 CFF					on size fee due) for each in thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							N/A			NA		
* If the difference in column 1 is less than zero, enter *0" in column 2.							TOTAL]	TOTAL		1
APPLICATION AS AMENDED - PART II									<u> </u>	1		
									OR	OTHER	R THAN	
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST						, _	SMALL	ENTITY	, OK		ENTITY	_
AMENDMENT A	8.18.02	REMAININ AFTER AMENDME	NT	NUMBER PREVIOUS PAID FOR	PRESENT LY EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
	Total (37 GFR 1.166))	· 36	Minus	"22	. 14	×	25 :		OR	× 50 =	700	1
	Independent (37 CFR 1,18(h))	3	Minus	3		×	100 =		OR	x 200 =	1	1
	Application Size Fee (37 CFR 1.16(s))								<u>~</u>	- 200		1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						N/A		OR	N/A		1
	•						OTAL DO'L FEE		OR	TOTAL ADD'L FEE	700	2
		(Column 1)		(Column :	2) (Column 3)				•	ADDETEL		10
AMENDMENT B	2/3/06	CLAIMS REMAINING AFTER AMENDMEN	1	HIGHEST NUMBER PREVIOUS PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL		RATE (\$)	ADDI- TIONAL	1
	Total (37 CFR 1,168))	11	Minus	. 3%	= /	┞		FEE (\$)	1		FEE (3)	ł
	Independent (37 CFR 1.16(h))	22	Minus	" 3		×		-	OR	X =	/	ł
	Application Size Fee (37 CFR 1.16(s))					×			OR	x =		1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						N/A	-/ 	OR	N/A	-	
							TAL			TOTAL		
_						AD	O'L FEE		OR	ADD'L FEE		
•	" If the "Highest N	lumber Previo	usly Paid For	IN THIS SPACE	write "0" in column : CE is less than 20, CE is less than 3, e	enter "2	σ.			•		

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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